Image# 29990954375 01/31/2009 23:22

REPORT OF BY AN AUTHORIZ					OF PRESIDEN	T OR VICE-PRES	1 / 38 SIDENT				
1. NAME OF COMMITT											
MIKE GRAVEL FO	R PRESIDENT 2	2008									
ADDRESS (number and	d street)	Check if different	than previou	usly reported	•						
1600 N OAK ST #1412					2. IDENTIFICAT C0042320						
CITY, STATE, and ZIP	CODE				3. IS THIS REP						
ARLINGTON	VA		22209		Primary	Genera	al				
4. TYPE OF RI	EPORT (Che	ck here if this	is a Termina	ation Report.)	I						
Audi 45 Our dayla Ba	and the second			Monthly Report Due	On:						
April 15 Quarterly Re				February 20	June 2		ober 20				
July 15 Quarterly Re	port			March 20 April 20	☐ July 20	_	ember 20 ember 20				
October 15 Quarterly	Report			May 20	Septer	mber 20 💢 Jan	uary 31				
January 31 Year End	l Report			Twelfth day report p	receding						
				_		(Type of Election)					
				election on		in the State of					
				Thirtieth day report f	ollowing the Gener	ral Election on					
				on		_					
IS THIS REPORT AN A	MENDMENT [YES >	NO								
5. COVERING PERIOD				FROM 12/01/2008		THROUGH 12/31/2008					
SUMMARY	6. CASH ON HAN REPORTING F		OF THE			4581.2	7				
	7. TOTAL RECEIF (From Line 22,	PTS THIS PERIOD Column A, Page 2				100000.0	0				
	8. SUBTOTAL (Lines 6 and 7)					104581.2	7				
	9. TOTAL DISBUF (From Line 30,	RSEMENTS THIS Column A, Page 2				44615.7	3				
	10. CASH ON HAI (Subtract Line 9		REPORTI	NG PERIOD		59965.5	4				
	11. DEBTS AND C (Itemize All on S	BLIGATIONS OW Schedule C-P or S				3723.0	1				
	12. DEBTS AND C (Itemize All on S	BLIGATIONS OV Schedule C-P or S				148431.1	5				
	13. EXPENDITUR	ES SUBJECT TO	LIMITATIO	N		556714.2	4				
NET ELECTION CYCLE-	14. NET CONTRIE (Subtract Line 2	BUTIONS (Other t 8d, Column B fror		mn B, Page 2)		510430.3	6				
EXPENDITURES	15. NET OPERAT (Subtract Line 2	ING EXPENDITU 0a, Colummn B fr		ımn B, Page 2)		556714.2	4				
I certify that I have exa	mined this Report a	and to the best of	f my knowle	edge and belief it is t	rue, correct, and	complete.					
Type or Print Name of Tr MIKE GRAVEL						Date 01/31/20	08				
Signature of Treasurer											
NOTE: Submission of fa	se, erroneous, or inc	omplete information	on may subje	ect the person signing	this Report to the p	penalties of 2 U.S.C. §	437g.				
All previous versions of F		•									
For further information	999	deral Election Con 9 E Street, N.W.		Toll Free 800-424		FEC FOI (01/2001)	RM 3P				

Local 202-694-1100

Washington, DC 20463

Name of committee (in full)		Report Covering the Period	t
MIKE GRAVEL FOR PRESIDENT 2008		From: 12/01/2008	To: 12/31/2008
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)		100000.00	100000.00
17. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees		0.00	509928.76
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees		0.00	501.60
(d) The Candidate		0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))	0.00	510430.36
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		0.00	0.00
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate		0.00	73515.73
(b) Other Loans		0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))		0.00	73515.73
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating		0.00	0.00
(b) Fundraising		0.00	0.00
(c) Legal and Accounting		0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 2	0(b) and 20(c))	0.00	0.00
21. OTHER RECEIPTS (Dividend, Interest, etc.)		0.00	6249.42
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)		100000.00	690195.51
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES		0.00	556714.24
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		0.00	0.00
25. FUNDRAISING DISBURSEMENTS		0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS		0.00	0.00
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate		44615.73	73515.73
(b) Other Repayments		0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))		44615.73	73515.73
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))		0.00	0.00
			0.00
29. OTHER DISBURSEMENTS		0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)		44615.73	630229.97
III. CONTRIBUTED ITEMS (Stock, Art OI	ojects, etc.)		
	-		

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE	3 / 38
(Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)	
(PAGE 3, FEC FORM 3P)	

1. NAME OF COMMITTEE (in full)

MIKE GRAVEL FOR PRESIDENT 2008

ADDRESS (number and street)

1600 N OAK ST #1412

CITY, STATE, and ZIP CODE

ARLINGTON VA

2. IDENTIFICATION NUMBER

C00423202

ALLOCATION BY STATE

22209

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	0.00	New Hampshire	0.00	10454.40
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	0.00	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	0.00	0.00	South Carolina	0.00	0.00
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	0.00	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	0.00	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	0.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			TOTALS	0.00	10454.40

PAGE 4/38 FOR LINE NUMBER: Schedule A-P Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 17a Х 16 17c 17b **Detailed Summary Page** 19b 20a 20b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Full Name (Last, First, Middle Initial) Α. Department of Treasury Date of Receipt Mailing Address 12 18 2008 3700 East West Highway State Zip Code City **Hyattsville** MD 20762 Amount of Each Receipt this Period FEC ID number of contributing 100000.00 federal political committee. Name of Employer Occupation Matching fund January 09 2008 Receipt For: 2008 Election Cycle-to-Date X Primary General 100000.00 Other (specify) **Transaction ID:** SA16.20384

SUBTOTAL of Receipts This Page (optional)	•	100000.00
TOTAL This Period (last page this line number only)	<u> </u>	100000.00

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Schedule B-P			Γ.				_				• • •		
	Use separate schedu					E NUMBER: PAGE 5							7 38
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			23	<u> </u>	1 24	П	25	Г	7 26	X	2 7a	
	Detailed Gairinary 1 &	igc	╟	27		28a	П	28b	H	28c	Ë	29	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name													
NAME OF COMMITTEE (In Full)													
MIKE GRAVEL FOR PRESIDENT 2008													
Full Name (Last, First, Middle Initial) MIKE GRAVEL						Date		ion ID			A.20	386	V
Mailing Address 1600 NO OAK ST APT 1	412					1 2	IVI	′ [3	3 1	J'L	<u>'</u> 2	0 0	8
•	State Zip Code VA 22209					Amou	int o	f Each	n D	isburse	-		Period
Purpose of Disbursement LOAN REPAYMENT			1	01				_			6	100.0	00
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008		C		egory ype									
Office Sought: House Disburse	ment For: Primary Gene Other (specify)	eral											
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•	State Zip Code VA 22209					Amou	int o	f Each	n D	isburse	emer	t this	Period
Purpose of Disbursement LOAN REPAYMENT			1	01		L.		•			30	0.00.0	00
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008		C		egory ype									
Office Sought: House Disburse Senate X President State: District:	ment For: Primary Gene Other (specify)	eral											
Full Name (Last, First, Middle Initial) MIKE GRAVEL						Date	of D	isburs	em		A.20	390	
Mailing Address 1600 NO OAK ST APT 1	412					1 ^M 2	М	/ D3	3 1) /	Y 2	o ŏ	8 ^Y
•	State Zip Code VA 22209					Amou	int o	f Each	n D	isburse	-		Period
Purpose of Disbursement LOAN REPAYMENT			1	01		L.					150	0.00.0	00
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008				egory ype									
Office Sought: House Disburse Senate X President State: District:	ment For: Primary Gene Other (specify) ▼	eral											
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TOTAL This Period (last page this line number only)					•								

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Schedule B-P	Use separate schedule(s)		OR LINE		R:			PAGE	6/38
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		check only 23 27b	one) 24 28a	_	25 28b	20	6 X	27a 29
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008	•								
AŘLINGTON Purpose of Disbursement LOAN REPAYMENT Candidate Name MIKE GRAVEL FOR PRESIDENT 2008	State Zip Code VA 22209	Cate	01 egory/	1 2	of Dis	burse	ement 1	rseme	0391 Ž 0 0 8 V Int this Period 100.00
Office Sought: House Disburse Senate X President State: District:	ement For: Primary General Other (specify)								
ARLINGTON Purpose of Disbursement LOAN REPAYMENTS Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: House Senate X President State: District:	State Zip Code VA 22209 The ment For: Primary General Other (specify)	Cate	01 egory/ /pe	Amou	of Dis	3 Each	Disbu	rseme 5	nt this Period
AŘLINGTON Purpose of Disbursement LOAN REPAYMENTS Candidate Name MIKE GRAVEL FOR PRESIDENT 2008	State Zip Code VA 22209 ement For: Primary General Other (specify) V	Cate	01 egory/ /pe	1 2	of Dis	sburse 3	ement 1	rseme	0393 2 0 0 8 ° Int this Period 0000.00
SUBTOTAL of Disbursements This Page (optional) .				<u>L</u>	_			11	100.00

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Schedule B-P	Use separate s	schedule(s)			R LINE N						E	7 / 38
ITEMIZED DISBURSEMENTS	for each catego Detailed Summ			<u> </u>	23 27b	24 28a	\Box	25 28b	_	6 8c	X	27a 29
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name												
NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008												
Full Name (Last, First, Middle Initial) MIKE GRAVEL Mailing Address 1600 NO OAK ST APT 1	412					Transa Date of		sburse	_	27A.:		394 0 0 8 [°]
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Purpose of Disbursement LOAN REPAYMENTS			_	101			_				50	00.00
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Office Sought: House Disburse Senate X President State: District:	ment For: Primary Other (specify)	General										
Full Name (Last, First, Middle Initial) MIKE GRAVEL						Transa Date o			_	27A.:	20:	395
Mailing Address 1600 NO OAK ST APT 1	412					1 ^M 2	М	^D 3	1 /	Υ	ž	0 0 8
,		Code 209				Amoui	nt of	Each	Disbu	ırsem	ent	this Period
Purpose of Disbursement LOAN REPAYMENTS			_	101			_				8	06.74
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008				tegor ype	ry/							
Senate X President	ment For: Primary Other (specify)	General										
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MIKE GRAVEL						Transa Date o	of Di	sburse	ement			
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Purpose of Disbursement LOAN REPAYMENTS		I		101							18	81.87
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008		C	Cat	101 tegor ype	ry/							
Office Sought: House Disburse Senate X President	ment For: Primary Other (specify)	General		71-								
State: District:												
SUBTOTAL of Disbursements This Page (optional) .					<u> </u>					5	98	88.61

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Schedule B-P			- 1	_	001	15.15 S		_				• • •	0.74	
	Use sepa		-			E NUMBER: PAGE 8 /							/ 38	
ITEMIZED DISBURSEMENTS		category of the Summary Page		Ü	23	Ė	24		25	Γ	26	Х	27a	l
					27		28a		28b		28c		29	
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam														
NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008														
Full Name (Last, First, Middle Initial) MIKE GRAVEL Mailing Address 1600 NO OAK ST APT 1	412						Date		isburs	en	D /	V .	0397 É o ŏ	V
City ARLINGTON	State VA	Zip Code 22209					Amou	ınt o	f Each	h C	Disburs	emer	nt this	Period
Purpose of Disbursement LOAN REPAYMENTS	VA	22209	Г	10	11	7							95.7	70
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008			Ca	-0	gory/									
Office Sought: House Disburse Senate X President State: District:	ement For: Primary Other (spe	General ecify) ▼												
Full Name (Last, First, Middle Initial) MIKE GRAVEL									i on ID isburs		SB27	A.20)398	
Mailing Address 1600 NO OAK ST APT 1	412						^M 2	М	/ D;	3	1 /	Y	ÓÓ	8 Y
City ARLINGTON	State VA	Zip Code 22209					Amou	int o	f Each	h [Disburs			
Purpose of Disbursement LOAN REPAYMENTS				10			L.			0	•	15	500.0	00
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008				ate Ty	gory/ pe									
Office Sought: House Disburse Senate X President State: District:	ement For: Primary Other (spe	General ecify) ▼												
Full Name (Last, First, Middle Initial) MIKE GRAVEL							Date	of D	isburs	en		A.20	0399	
Mailing Address 1600 NO OAK ST APT 1	412						1 ^M 2	М	/ D;	3	1 /	Y 2	o ŏ	8 ^Y
City ARLINGTON	State VA	Zip Code 22209					Amou	int o	f Each	h C	Disburs	emer		
Purpose of Disbursement LOAN REPAYMENTS				10	_					0	-	•	43.5	9
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008				ate Ty	gory/ pe									
Office Sought: House Disburse Senate X President State: District:	ement For: Primary Other (spe	General ecify) ▼												
SUBTOTAL of Disbursements This Page (optional)		······				<u> </u>						16	39.2	29
TOTAL This Period (last page this line number only))					•								

В.

Candidate Name

Office Sought:

State:

MIKE GRAVEL FOR PRESIDENT 2008

District:

House Senate

x President

Disbursement For:

Primary

Other (specify)

Schedule B-P ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 9/38 Use separate schedule(s) (check only one) for each category of the 23 24 25 27a **Detailed Summary Page** 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Full Name (Last, First, Middle Initial) Transaction ID: SB27A.20400 MIKE GRAVEL Date of Disbursement 3 1 2008 Mailing Address 1600 NO OAK ST APT 1412 City State Zip Code Amount of Each Disbursement this Period ARLINGTON VA 22209 1000.00 Purpose of Disbursement LOAN REPAYMENTS 101 Candidate Name Category/ MIKE GRAVEL FOR PRESIDENT 2008 Type Office Sought: Disbursement For: House General Senate Primary Other (specify) χ President District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB27A.20402 MIKE GRAVEL Date of Disbursement 3 1 2008 Mailing Address 1600 NO OAK ST APT 1412 City State Zip Code Amount of Each Disbursement this Period ARLINGTON 22209 VA 787.83 Purpose of Disbursement LOAN REPAYMENT 101

Category/

Туре

General

SUBTOTAL of Disbursements This Page (optional)	•	1787.83
TOTAL This Period (last page this line number only)	<u> </u>	44615.73

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Schedule C-P PAGE 10/38 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4621 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 30000.00 30000.00 0.00 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 24 м [©] 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Schedule C-P PAGE 11/38 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4629 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 3000.00 3000.00 0.00 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 24 0 7 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 12/38 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4622 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 15000.00 15000.00 0.00 **TERMS** Date Due Interest Rate Secured: Date Incurred 0 9 2006 12/31/2006 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 13/38 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4623 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 100.00 100.00 **TERMS** Date Due Interest Rate Secured: Date Incurred 0 9 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Schedule C-P PAGE 14/38 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4726 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 5000.00 0.00 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 25 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 15/38 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4743 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 6000.00 6000.00 0.00 **TERMS** Date Due Interest Rate Secured: Date Incurred о 3 0 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 16/38 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4744 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 5000.00 0.00 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 1 8 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Schedule C-P PAGE 17/38 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5215 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 806.74 806.74 **TERMS** Date Due Interest Rate Secured: Date Incurred 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 18/38 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5217 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 181.87 181.87 **TERMS** Date Due Interest Rate Secured: Date Incurred 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Schedule C-P PAGE 19/38 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5220 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 95.70 0.00 95.70 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Schedule C-P PAGE 20/38 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5216 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1500.00 1500.00 0.00 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 25 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Schedule C-P PAGE 21/38 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5219 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 43.59 43.59 **TERMS** Date Due Interest Rate Secured: Date Incurred D 0 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 22/38 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5221 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 1000.00 1000.00 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 28 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Schedule C-P PAGE 23/38 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5218 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 787.83 0.00 787.83 **TERMS** Date Due Interest Rate Secured: Date Incurred 03 8 0 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional) 0.00 TOTALS This Period (last page in this line only)

PAGE 24 / 38 Schedule D-P (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each (check only one) X 11 numbered line) **Excluding Loans** 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DONATIONS NOT TRANSFERRED AUTHORIZENET CORP Mailing Address 915 SOUTH 500 EAST SUITE 200 ZIP Code City **AMERICAN FORK** UT 84003 Outstanding Balance Beginning This Period Transaction ID: SD11.19805 3423.01 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3423.01 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DONATIONS NOT TRANSFERRED Paypal Inc Mailing Address 7615 37th Ave ZIP Code City State Jackson Heights 11372 NY Outstanding Balance Beginning This Period Transaction ID: SD11.19804 300.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 300.00 3723.01 1) SUBTOTALS This Period This Page (optional)..... 3723.01 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 3723.01 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 25 / 38 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING JOHN CROSS Mailing Address 2343 DAGGETT AVE ZIP Code State City **BATTON ROUGE** 70808 CA Outstanding Balance Beginning This Period Transaction ID: SD12.19791 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DICKSTEIN SHAPIRO LLP **LEGAL FEES** Mailing Address 1825 EYE STREET NW ZIP Code City State WASHINGTON DC 20006 Outstanding Balance Beginning This Period Transaction ID: SD12.20016 6500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 6500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DICKSTEIN SHAPIRO LLP CONSULTING LEGAL Mailing Address 1825 EYE STREET NW ZIP Code City State WASHINGTON DC 20006 Outstanding Balance Beginning This Period Transaction ID: SD12.20247 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3000.00 12500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 26 / 38 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DICKSTEIN SHAPIRO LLP **LEGAL FEES** Mailing Address 1825 EYE STREET NW State ZIP Code City WASHINGTON 20006 DC Outstanding Balance Beginning This Period Transaction ID: SD12.20333 2000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DICKSTEIN SHAPIRO LLP **LEGAL FEES JULY 2008** Mailing Address 1825 EYE STREET NW ZIP Code State WASHINGTON DC 20006 Outstanding Balance Beginning This Period Transaction ID: SD12.20372 3000.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 3000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DICKSTEIN SHAPIRO LLP **LEGAL FEES** Mailing Address 1825 EYE STREET NW ZIP Code City State WASHINGTON DC 20006 Outstanding Balance Beginning This Period Transaction ID: SD12.20380 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3000.00 8000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 27 / 38 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **CONSULTING - FUNDRAISING** Jacobson Elliott Mailing Address 1001 3rd Street, SW City State ZIP Code Washington DC 20024 Outstanding Balance Beginning This Period Transaction ID: SD12.20014 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPENSE REIMBURSEMENT WHITNEY GRAVEL Mailing Address 1600 N. OAK ST 7IP Code City State **ARLINGTON** 22209 VA Outstanding Balance Beginning This Period Transaction ID: SD12.13421 193.32 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 193.32 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPENSE REIMBURSEMENT Augustine Gyamfi Mailing Address 11311 Trenton Ct State ZIP Code City Bristow 20136 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.13461 24.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 24.00 3217.32 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 28 / 38 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING CAMPAIGN COORD-INATION MINDLIDEN Mailing Address 149 S. Barrington Ave. #326 State ZIP Code City LOS ANGELES 90049 CA Outstanding Balance Beginning This Period Transaction ID: SD12.19797 1500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEE - FUNDRAIS-ING **ELLIOT JACOBSON** Mailing Address 1101 3RD STREET, SW APT201 ZIP Code City State WASHINGTON DC 20021 Outstanding Balance Beginning This Period Transaction ID: SD12.13422 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **RODRIGUEZ JOSE** CONSULTING Mailing Address 1435 MONROE ST NW ZIP Code State City WASHINGTON 20010 DC Outstanding Balance Beginning This Period Transaction ID: SD12.19794 2000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2000.00 6500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 29 / 38 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES CAMPAIGN COORDINATION **RODRIGUEZ JOSE** Mailing Address 1435 MONROE ST NW State ZIP Code City WASHINGTON 20010 DC Outstanding Balance Beginning This Period Transaction ID: SD12.20015 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): KG INTERNATIONAL ACCOUNTING CONSULTING Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VA Outstanding Balance Beginning This Period Transaction ID: SD12.18205 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ACCOUNTING CONSULTING KG INTERNATIONAL Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.18206 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 7500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 30 / 38 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING ACCOUNTING KG INTERNATIONAL Mailing Address 11311 TRENTON CT City State ZIP Code **BRISTOW** VA 20136 Outstanding Balance Beginning This Period Transaction ID: SD12.19795 4500.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 4500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): KG INTERNATIONAL ACCOUNTING SERVICES Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VA Outstanding Balance Beginning This Period Transaction ID: SD12.20011 3000.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 3000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20245 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3000.00 10500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 31 / 38 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT City State ZIP Code **BRISTOW** VA 20136 Outstanding Balance Beginning This Period Transaction ID: SD12.20332 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): KG INTERNATIONAL ACCOUNTING FEES Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VA Outstanding Balance Beginning This Period Transaction ID: SD12.20371 5000.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 5000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES - ACCOUNTING KG INTERNATIONAL Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20375 2000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2000.00 10000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 32 / 38 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT City State ZIP Code **BRISTOW** VA 20136 Outstanding Balance Beginning This Period Transaction ID: SD12.20377 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ACCOUNTING CONSULTING FEES KG INTERNATIONAL Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VA Outstanding Balance Beginning This Period Transaction ID: SD12.20379 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): KG INTERNATIONAL ACCOUNTING FEES Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20382 1000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1000.00 3000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 33 / 38 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING mosier lynne Mailing Address 76 patrick way ZIP Code City half moon bay CA 94019 Outstanding Balance Beginning This Period Transaction ID: SD12.19793 1500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING WEBSITE DEVELO-PMENT NETWORK GUILD LLC Mailing Address 1068 TREVINO LN ZIP Code City State **HENDON** 20170 VA Outstanding Balance Beginning This Period Transaction ID: SD12.18207 10000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 10000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CHRIS PETHRICK CONSULTING CAMPAIGN MAGT Mailing Address 16305 WOODVILLE ROAD ZIP Code City State **BRANDYWINE** 20613 MD Outstanding Balance Beginning This Period Transaction ID: SD12.20012 7498.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 7498.00 18998.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 34 / 38 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **CONSULTING - CAMPAIGN MAGT** CHRIS PETHRICK Mailing Address 16305 WOODVILLE ROAD State ZIP Code City **BRANDYWINE** MD 20613 Outstanding Balance Beginning This Period Transaction ID: SD12.20246 5000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 5000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ELLEN REYNOLDS** NEW HEMPSHIRE OFFICE RENT-Mailing Address 7 ROBINSON LANE ZIP Code State MOUNT PRESENT 04660 ME Outstanding Balance Beginning This Period Transaction ID: SD12.13424 4000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 4000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROB RYAN LLC** WEBSITE REDESIGN Mailing Address 2654 W HORIZON RIDGE PARKWAY #B5-141 ZIP Code City State **HENDERSON** NV 89052 Outstanding Balance Beginning This Period Transaction ID: SD12.13419 10000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 10000.00 19000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 35 / 38 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROB RYAN LLC FUND RAISING FEES** Mailing Address 2654 W HORIZON RIDGE PARKWAY #B5-141 City State ZIP Code **HENDERSON** NV 89052 Outstanding Balance Beginning This Period Transaction ID: SD12.18197 12900.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 12900.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FUND RAISING **ROB RYAN LLC** Mailing Address 2654 W HORIZON RIDGE PARKWAY #B5-141 7IP Code City State **HENDERSON** NV 89052 Outstanding Balance Beginning This Period Transaction ID: SD12.18198 7312.50 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 7312.50 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING CAMPAIGN COORD-INATION APRIL SHARPLEY Mailing Address 3801 TATTERSHALL LANE ZIP Code City State **AUSTIN** 78727 ΤX Outstanding Balance Beginning This Period Transaction ID: SD12.18204 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 22712.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 36 / 38 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING CAMPAIGN COORD-INATION APRIL SHARPLEY Mailing Address 3801 TATTERSHALL LANE City State ZIP Code **AUSTIN** TX 78727 Outstanding Balance Beginning This Period Transaction ID: SD12.19798 6000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 6000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING DATÁBASE MANAG-EMENT **TELENOMICS GROUP** Mailing Address 1515 N WARSON RD, ST LOISE, MO 63 7IP Code City State 63132 ST LOUISE MO Outstanding Balance Beginning This Period Transaction ID: SD12.18200 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELENOMICS GROUP** DATABASE MANAGEMENT CONSULTING Mailing Address 1515 N WARSON RD, ST LOISE, MO 63 ZIP Code City State ST LOUISE MO 63132 Outstanding Balance Beginning This Period Transaction ID: SD12.18201 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3000.00 12000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 37 / 38 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DATABASE MANAGEMENT CONSULTING **TELENOMICS GROUP** Mailing Address 1515 N WARSON RD, ST LOISE, MO 63 ZIP Code City ST LOUISE MO 63132 Outstanding Balance Beginning This Period Transaction ID: SD12.18202 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING DATÁBASE MANAG-EMENT **TELENOMICS GROUP** Mailing Address 1515 N WARSON RD, ST LOISE, MO 63 7IP Code City State 63132 ST LOUISE MO Outstanding Balance Beginning This Period Transaction ID: SD12.19796 6000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 6000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): THE HARTFORD INSURANCE CAMPAIGN OFFICE Mailing Address P.O. BOX 2907 ZIP Code City State **HARTFORD** 06104 CT Outstanding Balance Beginning This Period Transaction ID: SD12.9257 520.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 520.00 9520.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 38 / 38 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Nature of Debt (Purpose): A. Full Name (Last, First, Middle Initial) of Debtor or Creditor TROY ASSOCIATES **RENTAL** Mailing Address 1916 Wilson Boulevard ZIP Code City State Arlington, V۸ 22201 Outstanding Balance Beginning This Period Transaction ID: SD12.20013 2983.33 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2983.33 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TROY ASSOCIATES RENTAL HQ Mailing Address 1916 Wilson Boulevard ZIP Code City State Arlington, VA 22201 Outstanding Balance Beginning This Period Transaction ID: SD12.20351 2000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2000.00 4983.33 1) SUBTOTALS This Period This Page (optional)..... 148431.15 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 148431.15

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)